

Bureau of Health Care Quality and Compliance

PRINTED: 05/11/2010
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS841S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF LAS VEGAS			STREET ADDRESS, CITY, STATE, ZIP CODE 6151 VEGAS DRIVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 4/26/10 and finalized on 4/27/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00024418 was substantiated with deficiencies cited. (See Tags Z112, Z121, and Z130) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. Please accept this Plan of Corrective as our allegation of compliance. Z 112 • What corrective action(s) will be accomplished for those residents found to be affected by this deficient practice? Resident #1 is no longer in the facility. Patient was transferred to an acute care setting. Yet, resident # 1's medical records indicates that on 1/12/2010, care plan was revised and updated to reflect the resident's changing hygiene needs. Documentation reflecting these changes was faxed to the Bureau of Health Care Quality and Compliance. • How you will identify others residents having the potential to be affected by the same practice and what corrective action will be taken? Residents with changing hygiene needs have the potential to be affected by the alleged practice. The facility will audit the care plan of such residents to ensure that the care plan has been updated and revised as needed to reflect the resident needs and directives. • What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? An in-service on care plan will be conducted with the interdisciplinary team to reflect each resident's individualized Plan of Care. • How the facility will monitor its corrective action to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systematic change? For the next 60 days, the Unit Managers and or designee will conduct weekly care plans audits. In addition, weekly, during the care plan meetings, the MDS coordinator and or designee will audit care plans. Results of the audit will be monitored during the Performance Improvement Committee until threshold is met. • Who will be the responsible party for the accomplishing and/or monitoring compliance with the corrective action? Director of Nursing, Executive Director and MDS Coordinator. • Dates when the corrective action will be completed. June 18 th 2010		
Z112 SS=D	NAC 449.74439 Comprehensive Plan of Care 3. A comprehensive plan of care must be: a) Developed within 7 days after the completion of the initial comprehensive assessment required by NAC 449.74433 and periodically reviewed and revised after each subsequent assessment; and b) Prepared by an interdisciplinary team that includes the patient's attending physician, a registered nurse who is responsible for the care of the patient and such other members of the	Z112			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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TITLE

(X6) DATE

5/24/2010

If continuation sheet 1 of 3

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MAY 24 2010

BUREAU OF HEALTH CARE QUALITY AND CERTIFICATION

Bureau of Health Care Quality and Compliance

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Z112	Continued From page 1 staff of the facility as are appropriate to provide services in accordance with the needs of the patient. To the extent practicable, the patient, his legal representative and members of his family must be allowed to participate in the development of the plan of care. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to ensure the care plan was updated and revised to meet the changing hygiene needs since origination on 7/10/09 for Resident #1. Resident #1 was not able to wash and dry underneath his abdominal folds and developed body odors. Severity: 2 Scope: 1	Z112	Z 121 • What corrective action(s) will be accomplished for those residents found to be affected by this deficient practice? Resident # 1 no longer resides in the facility. • How you will identify others residents having the potential to be affected by the same deficient practice and what corrective action will be taken? The facility will audit current resident's medical records to ensure that the medical records are organized and complete. • What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? Medical Records staff will be in-serviced on accurate medical chart order and contents. • How the facility will monitor its corrective action to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systematic change? Weekly, audit of residents' discharged medical records will be completed to make sure that major components of medical record are in chart. Also, weekly, the MDS coordinator and or designee will audit charts during care plan meeting to ensure that the medical records are organized and complete. Facility will monitor compliance via monthly Performance Improvement until threshold is met.	
Z121 SS=D	NAC 449.74441 Maintenance 2. A medical record must be: a) Complete; b) Accurate; c) Organized; and d) Readily accessible to those persons who are authorized to review the records This Regulation is not met as evidenced by: Based on record review and interview the facility failed to ensure the medical record was organized and complete in order to determine the care and services provided to Resident #1. Severity: 1 Scope: 1	Z121	• Who will be the responsible party for the accomplishing and/or monitoring compliance with the correction action? Executive Director, Health Information Director • Dates when the corrective action will be completed. June 18 th 2010 Z 230 • What corrective action(s) will be accomplished for those residents found to be affected by this deficient practice? Resident #1 is no longer at the facility. • How you will identify others residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents with specific hygiene needs will be reassessed. The resident's care plan will be updated as appropriate to reflect additional hygiene needs.	
Z230 SS=D	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment	Z230	• What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? The Unit Managers or designee will reassess residents during resident's scheduled showers and as needed.	

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If continuation sheet 2 of 3

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

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Z230	<p>Continued From page 2</p> <p>that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview the facility failed to reassess and provide additional hygiene interventions to prevent body odors for Resident #1. The care plan dated 7/10/09 addressed Resident #1's odor. The care plan was reviewed on 10/8/09 and 1/8/10, but not changed. The odor continued because the resident was unable to reach the area under his abdomen to adequately keep the area clean and dry.</p> <p>Severity: 2 Scope: 1</p>	Z230	<p>The nursing staff will be re-educated on ADL care, Hygiene re-assessment and care planning.</p> <ul style="list-style-type: none"> How the facility will monitor its corrective action to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systematic change? <p>Weekly, the facility will interview residents to ensure hygiene care interventions are provided to minimize body odors. Weekly, Unit Managers or designee will audit residents' medical record to ensure applicable hygiene re-assessments are done and care plan reflects interventions to meet resident's needs.</p> <p>Facility will monitor compliance via monthly Performance Improvement until threshold is met.</p> <ul style="list-style-type: none"> Who will be the responsible party for the accomplishing and/or monitoring compliance with the correction action? <p>Director of Nursing, Unit Managers, and Executive Director.</p> <ul style="list-style-type: none"> Dates when the corrective action will be completed. <p>June 18th 2010</p>		

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